



East Sussex Healthcare
NHS Trust

Preceptorship Forum Rationale and Protocol

“The aim of preceptorship is to enhance the competence and confidence of newly registered practitioners as autonomous professionals. Preceptorship will support the policy drive to place ‘quality at the heart of everything we do in healthcare’ (DoH, 2010)

Occupational Therapy

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1. Introduction & Evidence Base

“The aim of preceptorship is to enhance the competence and confidence of newly registered practitioners as autonomous professionals. Preceptorship will support the policy drive to place ‘quality at the heart of everything we do in healthcare’, while maximising NHS productivity through harnessing and spreading innovation. It can also support strategies that impact directly on patient and service-user experience. Finally, effective preceptorship arrangements can be used by employers as part of the processes in place or evidence that is submitted against regulatory and other standards” (DoH 2010).

The evidence base for the preceptorship programme includes

- Improved stress levels and emotional resilience intelligence which impacts positively on staffing levels and morale at work.
- Ensuring that all core areas are covered within the preceptorship to aim for all band 5 occupational therapists to be working to the same level; ensuring that skills and knowledge are constantly updated and adhere to national guidance (MHRA, gov.uk, KSF etc.).
- Ensuring some aspects are Occupational Therapy specific.
- Ensuring continued development for each Occupational Therapist (HCPC standards).
- Alignment with RCOT preceptorship standards, HCPC standards and ESHT standards and policies.

<p>HWB7 – Definition Intervention and treatments This dimension is about intervening and treating an individual's physiological and/or psychological needs within the context of the person as an individual.</p> <p>Level 1 Assist in providing interventions and/or treatments. For example:</p> <ul style="list-style-type: none"> • checks with relevant sources of information to confirm the tasks to be undertaken in relation to interventions and/or treatments • Involves people in shared decision making, and obtains their consent • undertakes specified tasks correctly, and in line with established protocols • monitors individuals while carrying out the tasks and reports any changes in the individual's health and wellbeing • records activities and outcomes consistent with legislation, policies and procedures. <p>Level 2 Contribute to planning, delivering and monitoring interventions and/or treatments. For example:</p> <ul style="list-style-type: none"> • discusses the individual's treatment plan and their related condition/illness with the care team • involves people in shared decision making, and obtains their consent for the interventions to be undertaken • identifies any precautions or contraindications to the interventions and takes the appropriate action • prepares for, undertakes and records interventions correctly • monitors people and feeds back to the team when there are unexpected changes in individuals' health and wellbeing or risks • responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency. 	<p>Why it is important This dimension is important in order to deliver skilled clinical interventions to support the rehabilitation and effective clinical outcomes.</p> <p>Level 3 Plan, deliver and evaluate interventions and/or treatments. For example:</p> <ul style="list-style-type: none"> • involves people in shared decision making and obtains their consent • agrees with people treatment goals taking account of relevant evidence-based guidelines and any precautions or contraindications to the proposed intervention • prepares and undertakes the treatment in line with the treatment plan, monitoring individuals' reactions and managing risks • reviews the effectiveness of the treatments and makes any necessary modifications • provides feedback to the person responsible for the treatment plan • makes accurate records of the treatment and outcomes • responds to, records and reports any adverse events or incidents relating to the treatment with an appropriate degree of urgency. <p>Level 4 Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness. For example:</p> <ul style="list-style-type: none"> • involves people in shared decision making and obtains their consent • agrees with people treatment goals taking account of complexity of the issues and/or the seriousness of the illness evidence-based guidelines and any precautions or contraindications to the proposed intervention • prepares and undertakes the treatment in line with the treatment plan, monitoring individuals' reactions and managing risks • evaluates the effectiveness of the treatments and makes any necessary modifications • provides effective feedback to inform the overall treatment plan • makes complete records of the treatments and outcomes • responds to, records and reports any adverse events or incidents relating to the treatment with an appropriate degree of urgency.
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p> <p>Positive indications:</p> <ul style="list-style-type: none"> • patients and carers treated with respect and dignity • patients feel empowered to reach their own potential • a culture of client-centred practice • practice consistent with legislation, policies and procedures • collaborative approach to care and treatment planning. 	<p>Warning signs:</p> <ul style="list-style-type: none"> • complaints from service users and carers • hierarchical culture • high rates of disengagement.

<p>Use HMB 6 or HMB 2</p> <p>HMB6 – Definition Assessment and treatment planning This dimension is about assessing physiological and or psychological functioning within the context of the person as an individual.</p>	<p>Level 1 Undertake tasks related to the assessment of physiological and/or psychological functioning. For example: <ul style="list-style-type: none"> checks with relevant information sources to confirm the assessment tasks to be undertaken obtains their consent for specific activities. prepares appropriately for the task to be undertaken, taking into account any risks undertakes and records specified tasks correctly, following delegated procedures or established protocols monitors individuals while carrying out tasks and reports any changes in their health and wellbeing. </p>	<p>Level 2 Contribute to the assessment of physiological and/or psychological functioning. For example: <ul style="list-style-type: none"> discusses the assessment to be undertaken with the team and understands own role in the overall assessment obtains their consent for the assessment to be undertaken identifies appropriate methods, techniques and equipment and prepares appropriately, taking into account any risks undertakes assessment activities as agreed with the care team, following established protocols/procedures records and reports back accurately and fully on the assessments undertaken and risks identified offers to the team his or her own insights into the health and wellbeing needs and wishes of the people concerned </p>	<p>Why it is important This dimension is important as assessment is used to inform diagnoses and the planning of treatment.</p>
<p>Level 3 Assess physiological and/or psychological functioning and develop, monitor and review related treatment plans. For example: <ul style="list-style-type: none"> selects appropriate assessments, in line with individual needs, risks and characteristics and evidence of effectiveness of the resources available obtains their consent carries out and monitors assessments in line with evidence-based practice, established protocols. monitors individuals during assessments and takes the appropriate action in relation to any significant changes or possible risks determines and records diagnosis and treatment plans and communicates this to patient/carer, MDT and other agencies Reviews the implementation of treatment plans and makes appropriate changes. </p>	<p>Level 4 Assess physiological and/or psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans. For example: <ul style="list-style-type: none"> determines the range and sequence of assessments for complex cases to assess need and manage risk obtains their consent carries out assessments in line with evidence-based practice and protocols uses enhanced or advanced clinical reasoning, including making differential diagnosis formulates and coordinates treatment plans that manage risk, have clear goals and involve other practitioners and agencies monitors the implementation of treatment plans and makes changes as a result of emerging information. </p>	<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p> <p>Positive indications:</p> <ul style="list-style-type: none"> practice consistent with legislation, policies and procedures patients and carers treated with respect and dignity culture where suggestions on treatment planning and delivery are encouraged. <p>Warning signs:</p> <ul style="list-style-type: none"> poor record keeping breakdown of information for MDT and other agencies patient and carer feel their views are not respected ineffective care plans impacting negatively on outcomes. 	

Preceptees

The preceptee will be encouraged to watch the introductory video to make them aware of the preceptorship process . Once identified, the preceptee will be added to the occupational therapy preceptorship MS Teams channel which contains all documentation required for the preceptorship programme, inclusive of the e-workbook, reflection booklets, preceptorship appraisal document, preceptorship presentation and further documents to assist with the preceptorship tasks.

The preceptorship programme has two elements to aid the preceptee’s to complete the programme.

Element one consists of completing an electronic workbook containing tasks and completion of the electronic reflection booklet.

Both the e-workbook and e-reflection booklet are to be shared with the occupational therapy practice educator. The e-workbook is to be shared with the preceptee’s supervisor (preceptor).

Element two consists of attending the preceptorship forums to discuss progress and allow for further training needs identified.

To ensure high levels of knowledge and understanding of the equipment occupational therapists provide the preceptees will have access to the Band 5 occupational therapy MS Teams channel which holds training videos for low level equipment. The Preceptees will also be invited to attend the Band 5 forum which provides further training and development needs, identified by the Band 5 occupational therapists and band 6, 7 and 8 occupational therapists.

Preceptors

When you have been identified as a preceptor, please contact the occupational therapy practice educator who can add you to the preceptorship supervisors MS Teams channel which has all the tools required for preceptorship.

Preceptors are encouraged to read the preceptorship Manual for supervisors and watch the two videos, which explains the preceptorship process in more detail, providing examples. Other available documents within the MS Teams channel include a prepared preceptorship appraisal form, preceptorship presentation, Gold standards for documentation, debrief outline, copies of the e-workbook and reflection booklets, plus further background documents regarding preceptorship.

2a. Aims and objectives:

To aid in the integration of newly recruited, qualified Occupational Therapists, reducing experiences of isolation.

To promote excellent quality of Occupational Therapy skill sets.

To promote Continued Professional Development opportunities within Occupational Therapy in alignment with HCPC and RCOT standards.

To aid in the retention of Occupational Therapists by providing a mutually beneficial arena wherein all participants can speak freely about any concerns and problem solve with their peers to find appropriate solutions.

To aid in recruitment of Occupational Therapists by providing a structured programme and a regular arena which supports newly recruited Occupational Therapists.

To promote a positive cultural environment within ESHT.

To ensure core skills are completed by all occupational therapists to provide a firm platform to develop from.

<p>Use HWB 4 or HWB 7</p>	<p>HWB4 – Definition Enablement to address health and wellbeing needs This dimension relates to enabling and empowering people of any age to address their own health and wellbeing needs and includes areas such as helping people to manage their health conditions, supporting people to live independently.</p>	<p>Level 1 Help people meet daily health and wellbeing needs. For example: <ul style="list-style-type: none"> involves people in shared decision making and obtains their consent supports people throughout, helping them to meet their own health and wellbeing needs as much as is possible prepares and undertakes activities as delegated promptly alerts the relevant person when there are changes in individuals' health and wellbeing or any possible risks records and reports activities and any risks to the relevant person. </p>	<p>Level 2 Enable people to meet ongoing health and wellbeing needs. For example: <ul style="list-style-type: none"> suggests effective methods to team on how to meet people's health and wellbeing needs involves people in shared decision making and obtains their consent prepares and undertakes activities to enable people to meet their ongoing needs consistent with the care plan promptly reports and records activities undertaken, alerting team to any risks. </p>	<p>Why it is important People are experts in their own illness and empowering people to develop knowledge and skills to address issues in their lives is essential to recovery-focused practice.</p>	<p>Level 3 Enable people to address specific needs in relation to health and wellbeing. For example: <ul style="list-style-type: none"> involves people in shared decision making and obtains their consent agrees with people goals within the context of their care plan, taking account of relevant evidence-based guidelines enables people to address their specific needs, taking appropriate action to address any issues or risks reviews the effectiveness of activities and makes accurate records of the activities undertaken and any risks provides feedback to the person responsible for the care plan. </p> <p>Level 4 Empower people to realise and maintain their potential in relation to health and wellbeing. For example: <ul style="list-style-type: none"> involves them in shared decision making and obtains their consent agrees with people goals to meet their complex health and wellbeing needs and manage risks within the context of their care plan empowers people to realise and maintain their potential in a manner that is consistent with evidence-based practice takes the appropriate action to address any issues or risks evaluates the effectiveness of work with people and makes any necessary modifications provides effective feedback to inform the overall care plan, including records of the work undertaken. </p>	<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p> <p>Warning signs: <ul style="list-style-type: none"> complaints from service users and carers hierarchical culture high rates of disengagement. </p>	<p>Positive indications:</p> <ul style="list-style-type: none"> patients and carers treated with respect and dignity patients feel empowered to reach their own potential a culture of client-centred practice practice consistent with legislation, policies and procedures collaborative approach to care and treatment planning.
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<p>Use HWB 2 or HWB 6</p> <p>HWB2 – Definition Contribute to assessing health and wellbeing needs and planning how to meet those needs and groups. This assessment focuses on the whole person in the context of their community, family, lifestyle and environment.</p>	<p>Why it is important Health in this context is a state of complete physical, social and mental wellbeing and not just the absence of disease. It is about everyday life and emphasises social and personal resources as well as physical capabilities. Care planning is essential to ensure the protection, enablement and care that people require to meet their health and wellbeing needs.</p>
<p>Level 1 Assist in the assessment of people's health and wellbeing needs. For example: <ul style="list-style-type: none"> • obtains their consent for specific activities • correctly undertakes those aspects of assessment of people's health and wellbeing needs that have been delegated and reports back • identifies and reports any significant changes that might affect people's health and wellbeing. </p>	<p>Level 2 Contribute to assessing health and wellbeing needs and planning how to meet those needs. For example: <ul style="list-style-type: none"> • explains the purpose of the assessment and obtains consent • assists in the assessment of people's health and wellbeing as agreed with the care team • records and reports back accurately and fully on the assessments undertaken and risks identified • offers to the team his or her own insights into the health and wellbeing needs and wishes of the people concerned. </p>
<p>Level 3 Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs. For example: <ul style="list-style-type: none"> • plans the assessment of people's health and wellbeing needs and prepares for it to take place • explains clearly to people own role, and the benefits and risks of the assessment process and alternative approaches • involves people in shared decision making and obtains their consent • uses appropriate, evidence-based assessment methods and processes of reasoning • records and reviews care plans and identifies the risks that need to be managed • has clear goals and involves other practitioners and agencies. </p>	<p>Level 4 Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs. For example: <ul style="list-style-type: none"> • explains their role and the information that is needed from the assessment, the benefits and risks of the assessment process and alternative approaches • obtains their consent and uses evidence-based assessment methods and advanced clinical reasoning that are appropriate for complex needs • makes a assessment of people's health and wellbeing, prognosis and risks and records care plans • coordinates and monitors delivery of care plans, feeding in relevant information to support wider service planning. </p>
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p> <p>Positive indications:</p> <ul style="list-style-type: none"> • practice consistent with legislation, policies and procedures • patients and carers treated with respect and dignity. • culture where suggestions on the care delivery are encouraged. <p>Warning Signs:</p> <ul style="list-style-type: none"> • poor record keeping • breakdown of information for MDT and other agencies • patient and carer feel their views are not respected • ineffective care plans impacting negatively on outcomes. 	

2b. Preceptorship Forum Venues

There will be a variety of venues in order to capture as many Occupational Therapists as possible in small groups. The offered locations are:

Conquest Education Centre, St Leonards
 Bexhill Hospital Chapel or meeting rooms
 Firwood House, Eastbourne
 Eastbourne District general Hospital

Microsoft Teams meetings (laptop/tablets required)

2c. Timeframes

Each preceptorship programme runs for approx. 3 months creating a rolling period for each newly qualified occupational therapist. This is to ensure no delays in commencing the preceptorship programme and is in alignment with appraisal and induction periods. The 3 month period allows for any challenges to be identified and an appropriate SMART action plan to be formed to aid the preceptee to overcome the challenges identified. The preceptorship transition period runs for 1 year from commencing employment.

The preceptorship programme will be conducted by the preceptee's supervisor (the preceptor) and will be overseen by the occupational therapy practice educator to allow for moderation of each preceptee's documentation. On occasion this may alter reverting to the occupational therapy practice educator becoming the preceptor.

The preceptorship forum will run 4 weekly from 1330-1530 but may alter slightly to accommodate room access or in order to capture part time Occupational Therapists who may struggle to access the Forum at this later time.

3. Definitions

Preceptorship-“A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning” (DoH 2010).

Preceptee-“an occupational therapist who is entering employment in England for the first time following professional registration with the HCPC. It includes those who are recently graduated students, those returning to practice, those entering a new part of the register e.g. community public health specialists and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body” (DoH 2010)

Preceptor-a” registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship “ (DoH 2010)

Preceptorship Pledge (DoH, 2010)

Newly Registered Practitioner:

I commit to assume my responsibilities as a registered practitioner including:

- Adherence to codes of professional practice;
- Ensuring that I understand the standards, competences or objectives set by my employer that are required to be met;
- Working collaboratively with my preceptor to identify, plan and achieve my learning needs;
- Taking responsibility for my own learning and development and
- Providing feedback to enable preceptorship to develop further.

Preceptor:

I commit to delivering my responsibilities as a preceptor, including to:

- Commit to the preceptorship role and its responsibilities;
- Personalise the newly registered practitioners learning and development needs and help them to identify key learning opportunities and resources and
- Commit time and provide constructive feedback to support the newly registered practitioner.

<p>Equality and diversity – definition It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity are related to the actions and responsibilities of everyone – users of services, including patients, clients and carers; work colleagues; employees, people in other organisations; the public in general.</p>	<p>Level 1 Act in ways that support equality and value diversity. For example: <ul style="list-style-type: none"> • acts in accordance with legislation, policies, procedures and good practice • treats everyone with dignity and respect • allows others to express their views even when different from one's own • does not discriminate or offer a poor service because of others' differences or different viewpoints. </p> <p>Level 2 Support equality and value diversity. For example: <ul style="list-style-type: none"> • challenges bias, prejudice and intolerance if appropriate or brings it to the attention of a manager • uses plain language when carrying out duties • aware of the impact of own behaviour on others. </p> <p>Level 3 Promote equality and value diversity. For example: <ul style="list-style-type: none"> • interprets equality, diversity and rights in accordance with legislation, policies, procedures and good practice • actively acts as a role model in own behaviour and fosters a non-discriminatory culture • promotes equality and diversity in own area and ensures policies are adhered to • manages people and applies internal processes in a fair and equal way. </p> <p>Level 4 Develop a culture that promotes equality and values diversity. For example: <ul style="list-style-type: none"> • actively promotes equality and diversity • monitors and evaluates the extent to which legislation and policies are applied • monitors and acts on complaints around equality and diversity • actively challenges unacceptable behaviour and discrimination • supports people who need assistance in exercising their rights. </p>	<p>Why it is important This is a key aspect of all jobs and of everything that everyone does. It underpins all dimensions in the NHS KSF. Successful organisations are the ones that reflect the richness of diversity that exists in society and will include people of different: abilities; ages; bodily appearances; classes; castes; creeds; cultures; genders; geographical localities; health, relationship, mental health, social and economic statuses; places of origin; political beliefs; race; religion; sexual orientation; and those with or without responsibilities for dependants. Where diversity and equality are not integral to the organisation, discrimination may occur.</p> <p>Where diversity and equality are not integral to the organisation, discrimination may occur.</p>
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p>	<p>Warning signs:</p> <ul style="list-style-type: none"> • high level of staff and patient or wider public complaints about unfair treatment, bias or discrimination • policies and procedures only exist in writing, with little application in day-to-day activity • bias in the application of processes affecting equality of outcome. 	<p>Positive indications:</p> <ul style="list-style-type: none"> • patients/public/partners, colleagues and staff feel fairly treated • people feel confident in speaking up if they feel there is bias in a system or process or if they feel they have witnessed bias, prejudice or intolerance • staff understand what diversity is and why it is important.

<p>Quality – definition This dimension relates to maintaining high quality in all areas of work and practice, including the important aspect of effective team working. Quality can be supported using a range of different approaches, including codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems. This dimension supports the governance function in organisations – clinical, corporate, financial, information, staff etc.</p>	<p>Why it is important Quality is a key aspect of all jobs as everybody is responsible for the quality of their own work. It underpins all the other dimensions in the NHS KSF.</p>
<p>Level 1 Maintain the quality of own work. For example:</p> <ul style="list-style-type: none"> works as required by relevant trust and professional policies and procedures works within the limits of own competence and area of responsibility and refers any issues that arise beyond these limits to the relevant people works closely with own team and asks for help if necessary uses trust resources efficiently and effectively, thinking of cost and environmental issues reports any problems, issues or errors made with work immediately to line manager and helps to solve or rectify the situation. 	<p>Level 2 Maintain quality in own work and encourage others to do so. For example:</p> <ul style="list-style-type: none"> follows trust and professional policies and procedures and other quality approaches as required. Encourages others to do the same. Maintains professional registration if has one works within the limits of own competence and area of responsibility and accountability. Gets help and advice where needed works to support the team. Can be counted on when people ask for help or support prioritises own workload and manages own time to ensure priorities are met and quality is not compromised uses trust resources efficiently and effectively and encourages others to do the same monitors the quality of work in own area and alerts others to quality issues, reporting any errors or issues to the appropriate person.
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p> <p>Positive indications:</p> <ul style="list-style-type: none"> people are confident in asking for support where necessary and feel well supported people respond positively when colleagues ask for help and support people feel encouraged to report errors and near-misses when errors and quality issues occur, the focus is on resolving the issue and learning from it there is a no-blame culture resources are used effectively people adapt to changing priorities and changing quality systems high-quality care and services are delivered and improving. 	<p>Level 3 Contribute to improving quality. For example:</p> <ul style="list-style-type: none"> promotes quality approaches, making others aware of the impact of quality understands own role, its scope and how this may change and develop over time in developing a high-quality organisation reviews effectiveness of own team and helps and enables others to work as a team prioritises own workload and manages own time in a manner that maintains and improves high quality evaluates the quality of own and others' work in own area and raises quality issues and related risks with the appropriate people supports changes in own area that improve the quality of systems and processes takes appropriate action when there is a persistent problem with quality. <p>Warning signs:</p> <ul style="list-style-type: none"> people do not feel they can ask for help or support and do not feel well supported people do not make time to help and support others when asked when errors and quality issues occur, the focus is on blaming someone else resources are wasted people struggle to cope with, or moan about, changing quality systems or processes care and services are not considered to be high quality or are declining in quality.
<p>Level 4 Develop a culture that improves quality. For example:</p> <ul style="list-style-type: none"> initiates, implements, supports and monitors quality and governance systems and processes alerts others to the need to improve quality. Ensures others maintain professional registration is an effective member of the organisation. Works with others to develop and maintain high-quality services role-models quality delivery enables others to understand, identify and deal with risks to quality actively promotes quality in all areas of work responsible for continually monitoring quality and takes effective action to address quality issues. 	

4. Responsibilities

Preceptor

- Responsibility to develop others professionally to achieve potential.
- Conduit to formalise and demonstrate continued professional development.
- Responsibility to discuss individual practice and provide feedback.
- Responsibility to share individual knowledge and experience.
- Have insight and empathy with the newly registered practitioner during the transition phase.
- Act as an exemplary role model.
- Receive preparation for the role.
- Enables the embracement of the principles of the NHS Constitution.

Preceptee

- Opportunity to apply and develop the knowledge, skills and values already learned.
- Develop specific competences that relate to the preceptee's role.
- Access support in embedding the values and expectations of the profession.
- Personalised programme of development that includes post-registration learning, eg leadership, management and effectively working within a multi-disciplinary team.
- Opportunity to reflect on practice and receive constructive feedback.
- Take responsibility for individual learning and development by learning how to 'manage self'.
- Continuation of life-long learning.
- Enables the embracement of the principles of the NHS Constitution.

5a. The Preceptorship Tasks

The four tasks within the preceptorship programme are:

- Working with Clients and Groups
- Working with Colleagues and other Agencies
- Written Communication
- Using Local clinical policies relating to working practice

During the preceptorship programme these tasks will be completed. The tasks align with the 2010 Foundation Knowledge and Skills Framework (NHS Employers 2010) which include the core dimensions of:

- Communication
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity

Plus the Health and Well-Being dimensions of:

- HWB2 Assessment and care planning to meet health and well-being needs
- HWB4 Enablement to address health and wellbeing needs
- HWB6 Assessment and treatment planning
- HWB7 Interventions and treatments

Tasks will include either HWB 2 or 6 and HWB 4 or 7

<p>Service improvement – definition This dimension is about improving services in the interests of the users of those services and the public as a whole. The services might be services for the public (patients, clients and carers) or services that support the smooth running of the organisation (such as finance, estates). The services might be single or multi-agency and uni- or multiprofessional. Improvements may be small scale, relating to specific aspects of a service or programme, or may be on a larger scale, affecting the whole of an organisation or service.</p>	<p>Why it is important Everybody has a role in implementing policies and strategies and improving services for users and the public.</p>	<p>Level 4 Work in partnership with others to develop, take forward and evaluate direction, policies and strategies. For example: <ul style="list-style-type: none"> • involves and engages users of the service and others in discussions about service direction, improvements and the values on which they are based • works with others to make sure there is a clear direction for values, strategies and policies and leads the way when interests are in conflict • continually reviews the values, strategic plans and directions of the service to take account of changing circumstances • works with others to develop strategic plans and business objectives for the service. These need to be consistent with values, realistic, detailed and take account of constraints • communicates values, strategic plans and service direction to help all colleagues understand how they are affected. Also creates opportunities for people to contribute their views and ideas • works with people affected by service improvements to evaluate the impact of the changes on the service. Feeds this information into ongoing improvements. </p>
<p>Level 2 Contribute to the improvement of services. For example: <ul style="list-style-type: none"> • discusses with team the likely impact of changing policies, strategies and procedures on practice. Also about changes the team can make and how to make them effective • takes on new work and makes changes to own work when agreed, requesting relevant help if needed • supports colleagues in understanding and making agreed changes to their work • evaluates own and others' work when needed • make suggestions to improve the service • constructively identifies where new ways of working, policies or strategies are having a negative impact on the service given to users or the public. </p>	<p>Level 3 Appraise, interpret and apply suggestions, recommendations and directives to improve services. For example: <ul style="list-style-type: none"> • identifies and evaluates potential improvements to the service • discusses improvement ideas with appropriate people and agrees a prioritised plan of implementation to take forward agreed improvements • presents a positive role model in times of service improvement • supports and works with others to help them understand the need for change and to adapt to it • enables and encourages others to suggest change, challenge tradition and share good practice with other areas of the trust • evaluates the changes made and suggests further improvements where needed • evaluates draft policies and strategies and feeds back thoughts on impacts on users and the public. </p>	<p>Level 3 Appraise, interpret and apply suggestions, recommendations and directives to improve services. For example: <ul style="list-style-type: none"> • identifies and evaluates potential improvements to the service • discusses improvement ideas with appropriate people and agrees a prioritised plan of implementation to take forward agreed improvements • presents a positive role model in times of service improvement • supports and works with others to help them understand the need for change and to adapt to it • enables and encourages others to suggest change, challenge tradition and share good practice with other areas of the trust • evaluates the changes made and suggests further improvements where needed • evaluates draft policies and strategies and feeds back thoughts on impacts on users and the public. </p>
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that they are absent</p> <p>Positive indications: <ul style="list-style-type: none"> • staff at all levels question poor practice, process and behaviour • staff at all levels feel they are involved in deciding on service improvements that affect them • staff feel able to make suggestions that improve their work or their area • staff feel they deliver a service to a standard that they are personally pleased with • staff adapt to change • consistently improving care and service are provided. </p>	<p>Warning signs: <ul style="list-style-type: none"> • staff do things the way they've always been done, without question • staff feel that service improvement is 'nothing to do with them' • staff feel that they are not involved in decision making • staff do not feel they deliver a service to a standard that they are personally pleased with • staff struggle to adapt to change or openly resist it • services are considered to be static or declining rather than improving. </p>	<p>Level 4 Work in partnership with others to develop, take forward and evaluate direction, policies and strategies. For example: <ul style="list-style-type: none"> • involves and engages users of the service and others in discussions about service direction, improvements and the values on which they are based • works with others to make sure there is a clear direction for values, strategies and policies and leads the way when interests are in conflict • continually reviews the values, strategic plans and directions of the service to take account of changing circumstances • works with others to develop strategic plans and business objectives for the service. These need to be consistent with values, realistic, detailed and take account of constraints • communicates values, strategic plans and service direction to help all colleagues understand how they are affected. Also creates opportunities for people to contribute their views and ideas • works with people affected by service improvements to evaluate the impact of the changes on the service. Feeds this information into ongoing improvements. </p>

<p>Health, safety and security – definition This dimension focuses on maintaining and promoting the health, safety and security of everyone in the organisation or anyone who comes into contact with it either directly or through the actions of the organisation. It includes tasks that are undertaken as a routine part of one's work such as moving and handling.</p> <p>Level 1 Assist in maintaining own and others' health, safety and security. For example: <ul style="list-style-type: none"> • follows trust policies, procedures and risk assessments to keep self and others safe at work • helps keep a healthy, safe and secure workplace for everyone • work in a way that reduces risks to health, safety and security • knows what to do in an emergency at work, knows how to get help and acts immediately to get help • reports any issues at work that may put self or others at a health, safety or security risk. </p>	<p>Level 2 Monitor and maintain health, safety and security of self and others. For example: <ul style="list-style-type: none"> • looks for potential risks to self and others in work activities and processes • manages identified risk in the best way possible • works in a way that complies with legislation and trust policies and procedures on health, safety and risk management • takes action to manage an emergency, calling for help immediately when appropriate • reports actual or potential problems that may put health, safety or security at risk and suggests solutions • supports and challenges others in maintaining health, safety and security at work. </p>	<p>Why it is important Everyone needs to promote the health, safety and security of patients and clients, the public, colleagues and themselves.</p> <p>Level 3 Promote, monitor and maintain best practice in health, safety and security. For example: <ul style="list-style-type: none"> • identifies and manages risk at work and helps others to do the same • makes sure others work in a way that complies with legislation and trust policies and procedures on health, safety and risk management • carries out, or makes sure others carry out, risk assessments in own area. Checks work area to make sure it is free from risks and conforms to legislation and trust policies and procedures on health, safety and risk management <ul style="list-style-type: none"> • takes the right action when risk is identified • finds ways of improving health, safety and security in own area. </p>	<p>Level 4 Maintain and develop an environment and culture that improves health, safety and security. For example: <ul style="list-style-type: none"> • evaluates the extent to which legislation and trust policies and procedures on health, safety and risk management have been implemented across the trust, in own sphere of activity • evaluates the impact of policies, procedures and legislation across the trust in own sphere of activity • identifies the processes and systems that will promote health, safety and security in the trust • regularly assesses risks and uses the results to make improvements and promote best practice • takes appropriate action when there are issues with health, safety and security • investigates any actual or potential health, safety or security incidents and takes the required action. </p>
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p> <p>Positive indications: <ul style="list-style-type: none"> • trust procedures are followed, including for hand hygiene • confidential information is kept safe and secure • work areas are clean and tidy • health, safety or security risks or incidents are reported, at all levels • behaviour is monitored and action taken when necessary • incidents are handled appropriately and acted upon immediately at all levels • health, safety and security incidents are declining. </p>		<p>Warning signs: <ul style="list-style-type: none"> • legislation, policies and processes around health, safety and security are not followed • confidentiality is breached • incidents are not reported, or not reported by staff at all levels • there is no monitoring of compliance, or monitoring exists but action is not taken when required • people do not know what to do if an incident occurs • health, safety and security incidents are increasing (which is not due to increased reporting). </p>	

5b. Structure of the Forum

- The forum will start with a TAUGHT element which is the first hour of the session (typically 1330-1430). This may involve a requested or identified topic delivered by the Practice Educator or may involve a Guest Speaker. This may include (but is not limited to) specific equipment prescribing such as bed rails, bed grab rails, exploring clinical reasoning and the paperwork involved with this process.
- There will then be an ACTION element which is designed to generate preceptorship/CPD activities such as creating posters to advertise what Occupational Therapists do within the various areas; and to work on the various preceptorship paperwork. This element is also used to explore areas which supervisors have identified as challenging, such as writing SOAP notes. This element runs from 1430-1500 allowing time to plan the activities in smaller groups or individually.

Lastly, there will be a PEER supervision element which allows each member of the forum to feedback any issues in their areas or to discuss any other issues which may be affecting their work life. The Occupational Therapists may also use this time to speak individually with the Practice Educator. This time slot runs from 1500-1530.

5c. Facilitators:

The Occupational Therapy Practice Educator will facilitate all forum sessions with the addition of Guest Speakers.

6a. Number of Forum members:

No maximum or minimum.

6b. Open/closed Forum:

This is a closed forum only accessible by Band 5 Occupational Therapists and can incorporate Occupational Therapists from ESHT, Sussex Partnership and ASC, where this need exists due to ongoing rotations. Where Microsoft Team is used to facilitate the preceptorship forum, a closed private channel will be used at all times. This means that only those invited to join the channel will be able to view anything on the channel. Once the preceptorship programme has been completed the preceptee will be removed from the preceptorship channel to preserve privacy of those continuing the programme.

6c. Inclusion/Exclusion criteria

The forum is intended for newly qualified Occupational Therapists who are employed by ESHT/ASC/Sussex Partnership and working on their Preceptorship program. This programme can also be utilised for occupational therapists returning to work after a period of absence post qualifying.

<p>Personal and people development – definition This dimension is about developing oneself using a variety of means and contributing to the development of others during ongoing work activities. This might be through structured approaches (e.g. appraisal and development review, mentoring, professional/clinical supervision) and/or informal and ad-hoc methods (such as enabling people to solve arising problems and appropriate delegation).</p>	<p>Why it is important Everyone needs to develop themselves in order for services to continue to meet the needs of patients, clients and the public.</p>	<p>Level 4 Develop oneself and others in areas of practice. For example: <ul style="list-style-type: none"> contributes to development in the workplace as a learning environment actively creates opportunities to enable everyone to learn from each other and from external good practice uses a coaching approach to encourage others to develop. </p>
<p>Level 1 Contribute to own personal development. For example: <ul style="list-style-type: none"> identifies whether own skills and knowledge are in place to do own job prepares for and takes part in own appraisal identifies (with support if necessary) what development gaps exist and how they may be filled produces a personal development plan with appraiser takes an active part in learning/development activities and keeps a record of them. </p>	<p>Level 3 Develop oneself and contribute to the development of others. For example: <ul style="list-style-type: none"> assesses how well met last year's objectives and helps set this year's. Assesses self against KSF outline takes responsibility for meeting own development needs identifies development needs for others' emerging work demands and future career aspiration enables opportunities for others to apply their developing knowledge and skills actively provides learning and development opportunities to others actively contributes to the evaluation of the effectiveness of others' learning/development opportunities and relates this to others ensures all employees managed have annual appraisals and personal development plans in place and comply with mandatory training. </p>	<p>Level 2 Develop own skills and knowledge and provide information to others to help their development. For example: <ul style="list-style-type: none"> seeks feedback from others about work to help identify own development needs evaluates effectiveness of own learning/development opportunities and relates this to others identifies development needs for own emerging work demands and future career aspiration offers help and guidance to others to support their development or to help them complete their work requirements effectively offers feedback promptly. </p>
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p> <p>Positive indications: <ul style="list-style-type: none"> identified development needs and feedback accepted positively people feel they have the knowledge and skills to do their jobs people feel there is strong support for learning and development in their area time and provision are made for on-the-job and informal development everyone has a PDP that they understand people feel responsible for developing their own expertise people feel they have opportunities to progress. </p>	<p>Warning signs: <ul style="list-style-type: none"> staff defensive about development needs staff do not feel they have the knowledge and skills to do their jobs development frequently cancelled or senior staff too busy to offer informal development to others people do not feel there is strong support for learning and development in their area PDPs not completed or incomplete people feel development is done to them and it is not their responsibility development needs and training/development opportunities available do not match. </p>	<p>Level 1 Develop oneself and contribute to the development of others. For example: <ul style="list-style-type: none"> assesses how well met last year's objectives and helps set this year's. Assesses self against KSF outline takes responsibility for meeting own development needs identifies development needs for others' emerging work demands and future career aspiration enables opportunities for others to apply their developing knowledge and skills actively provides learning and development opportunities to others actively contributes to the evaluation of the effectiveness of others' learning/development opportunities and relates this to others ensures all employees managed have annual appraisals and personal development plans in place and comply with mandatory training. </p>

2.2 Foundation KSF outline (2010 version)

BAND 5 occupational therapist (simplified KSF)	
<p>Communication – definition</p> <p>This dimension relates to effectively communicating the needs and requirements of patients, carers, staff and others to provide excellent care and service. Effective communication is a two-way process. It involves identifying what others are communicating and the development of effective relationships as well as one's own communication skills.</p>	<p>Why it is important:</p> <p>Communication underpins all else we do. Effective communication is a two-way process which develops and cements relationships, keeps people informed and reduces the likelihood of errors and mistakes.</p>
<p>Level 1</p> <p>Communicate with a limited range of people on day-to-day matters. For example:</p> <ul style="list-style-type: none"> actively listens and asks questions to understand needs shares and disseminates information, ensuring confidentiality where required checks information for accuracy presents a positive image of self and the service keeps relevant people informed of progress keeps relevant and up-to-date records of communication. 	<p>Level 2</p> <p>Communicate with a range of people on a range of matters. For example:</p> <ul style="list-style-type: none"> uses a range of communication channels to build relationships manages people's expectations manages barriers to effective communication improves communication through communication skills.
<p>Level 3</p> <p>Develop and maintain communication with people about difficult matters and/or in difficult situations. For example:</p> <ul style="list-style-type: none"> identifies the impact of contextual factors on communication adapts communication to take account of others' culture, background and preferred way of communicating provides feedback to others on their communication where appropriate shares and engages thinking with others maintains the highest standards of integrity when communicating with patients and the wider public. 	<p>Level 4</p> <p>Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations. For example:</p> <ul style="list-style-type: none"> encourages effective communication between all involved develops partnerships and actively maintains them anticipates barriers to communication and takes action to improve communication articulates a vision for trust focus which generates enthusiasm and commitment from both employees and patients/wider public is proactive in seeking out different styles and methods of communication to assist longer-term needs and aims is persuasive in putting forward own view and that of the organisation communicates effectively and calmly in difficult situations and with difficult people.
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that they are absent</p> <p>Positive indications:</p> <ul style="list-style-type: none"> positive patient/public/partner and colleague relationships positive patient/public/partner feedback timely and accurate performance accurate information given appropriate information given people feel communication in the trust is effective and different parts of the trust communicate with each other people feel patient confidentiality is respected. 	<p>Warning signs:</p> <ul style="list-style-type: none"> patient/public/partner complaints about communication and unmet needs others not treated nor considered with respect over-reliance on email information given inaccurate information given inappropriate recipient not understood information given people do not feel patient confidentiality is respected.

6d. Health and Safety

Each Forum will open with the evacuation procedure in case of a fire alarm. The Practice Educator will check at each venue if a fire alarm practice is expected. During Microsoft Teams meetings, please ensure you are aware of any fire alarms due in your own areas.

An email invite will be sent to each member of the group earlier in the week to ascertain expected numbers of Occupational Therapy Preceptees and to ensure everyone expected arrives safely.

Microsoft Teams can be used to ensure safety when driving to different locations.

If a preceptee becomes distressed for any reason the occupational therapy practice educator will cease the meeting temporarily and will consult privately with the distressed preceptee regarding ability to continue in the meeting. The preceptee will also be advised to discuss their concerns with their practice supervisor (preceptor) and will be advised to contact Care First advisory group if they desire for further support.

7. References

Department of Health. (2010) Preceptorship Framework for newly Registered Nurses, Midwives and Allied Health Professionals. London: Department of Health.

Morley, M. (2012) *Preceptorship handbook for occupational therapists*. 3rd Ed. London: College of Occupational Therapists.

NHS Employers (2006) *The NHS Knowledge and Skills Framework -A Short Guide to KSF Dimensions*. http://www.ksf.scot.nhs.uk/uploads/documents/A_Short_Guide_to_KSF_Dimensions.pdf

NHS Employers (2010a) *Appraisals and KSF made simple: a practical guide*. London: NHS Employers. [Simplified KSF - NHS Employers](#)

Resilience and Emotional support

<http://www.apa.org/helpcenter/emotional-support.aspx>

<https://www.2knowmyself.com/ways-social-support-reduces-stress-and-benefits-your-health>

<https://www.stress.org/emotional-and-social-support/>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/stress/developing-resilience/#.W4ADlMqYM8>

<https://www.verywellmind.com/emotional-resilience-is-a-trait-you-can-develop-3145235>

HCPC

<http://www.hpc-uk.org/registrants/cpd/intro/>

<http://continuingprofessionaldevelopment.org/why-is-cpd-important/>

8. How will the Preceptorship forum and programme be evaluated?

At the end of each forum the Occupational Therapists will be asked to complete an evaluation form in order to monitor the progress of the Forums and to allow for improvement of each session.

The results from the feedback forms are placed onto an Excel spreadsheet which allows an average to be calculated and also allows for comments to be collated verbatim.

On completion of the preceptorship programme each preceptee will be asked to attend a designated debrief session via Microsoft Teams. During this session they will be asked about their thoughts (positive and negative) on the following areas:

- Introduction to the preceptorship process
- Paperwork process
- Observation process
- Preceptorship forums

This information leads to informing changes to the preceptorship programme for the following preceptorship group.